MAR 1 9 2003

Summary of Safety and Effectiveness Imageless Knee Module for the StealthStation® System

I. Manufacture:

Medtronic Surgical Navigation Technologies 826 Coal Creek Circle Louisville, CO 80027 USA Telephone Number: (720) 890-3200

Fax Number: (720) 890-3500

II. Contact:

Victoria G. Rendon Clinical and Regulatory Affairs Associate Medtronic Surgical Navigation Technologies

III. Product Name/ Classification Name:

Product Name: Imageless Knee Module for the StealthStation® System

Classification Name: Stereotaxic Instrument (21 CFR 882.4560)

Classification Panel: 84 HAW

IV. Date Summary Submitted

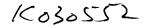
February 19, 2003

V. Description of Device Modification:

This submission describes updates made to the StealthStation® System to include software algorithms that enable the establishment of stereotactic coordinates without the use of preoperative or intra-operative image datasets.

VI. Substantial Equivalence:

The Imageless Knee Module for the StealthStation® System was shown to be substantially equivalent to the StealthStation System cleared in previous 510(k)'s. As required by risk analysis, all verification and validation activities were performed by designated individual(s) and the results demonstrated substantial equivalence.



VII. Indications For Use:

The indications for use for the Imageless Knee Module for the StealthStation® System are identical to the StealthStation® System indications for use. The indications for use are as follows:

The StealthStation® System is intended as an aid for precisely locating anatomical structures in either open or percutaneous procedures. The StealthStation® System is indicated for any medical condition in which the use of stereotactic surgery may be appropriate, and where reference to a rigid anatomical structure, such as the skull, a long bone, or vertebra, can be identified relative to a CT or MR based model or fluoroscopy images of the anatomy.

Example procedures include, but are not limited to:

Cranial Procedures:

Cranial Biopsies

Tumor Resections

Craniotomies/ Craniectomies

Skull Base procedures

Thalamotomies/Pallidotomies

Pituitary Tumor Removal

CSF Leak Repair

Pediatric Catheter Shunt Placement General Catheter Shunt Placement

ENT Procedures:

Transphenoidal Procedures

Intranasal Procedures

Orbital Nerve Decompression Procedures

Optic Nerve Decompression Procedures

Polyposis Procedures

Endoscopic Dacryocystorhinostomy

Encephalocele Procedures

Sinus procedures, such as Maxillary Antrostomies, Ethmoidectomies, Sphenoidotomies/Sphenoid

Explorations, Turbinate Resections, and Frontal Sinusotomies

Spinal Procedures:

Spinal Implant Procedures, such as Pedicle

Screw Placement

Orthopedic Procedures:

Total Knee Arthroplasty (Primary and Revision)

Unicompartmental Knee Arthroplasty

Minimally Invasive Orthopedic Procedures

Total Hip Replacement (Primary and Revision)

Tumor Resection and Bone/Joint Reconstruction

Femoral Revision

Placement of Iliosacral Screws

Stabilization and Repair of Pelvic Fractures

(Including but not Limited to Acetabular

Fractures)



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAR 1 9 2003

Ms. Victoria G. Rendon Clinical and Regulatory Affairs Medtronic Surgical Navigation Technologies 826 Coal Creek Circle Louisville, Colorado 80027

Re: K030552

Trade/Device Name: Imageless Knee Module for the StealthStation® System

Regulation Number: 21 CFR 882.4560 Regulation Name: Stereotaxic instrument

Regulatory Class: II Product Code: HAW Dated: February 19, 2003 Received: February 21, 2003

Dear Ms. Rendon:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97) you may obtain. Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Page 1 of 1	
510(k) Number (if known):	
Device Name: Imageless Knee Module for the StealthStation® System	
Indications for Use: The indications for use for the StealthStation@identical to the StealthStation® System indication.	System Imageless Knee Software Module is ations for use. The indications for use are as follows:
either open or percutaneous procedures. The scondition in which the use of stereotactic surg	aid for precisely locating anatomical structures in StealthStation® System is indicated for any medical ery may be appropriate, and where reference to a long bone, or vertebra, can be identified relative to es of the anatomy.
Example procedures include, but are not limite	ed to:
Cranial Procedures: Cranial Biopsies Tumor Resections	Spinal Procedures: Spinal Implant Procedures, such as Pedicle Screw Placement
Craniotomies/ Craniectomies Skull Base procedures Thalamotomies/Pallidotomies Pituitary Tumor Removal CSF Leak Repair	Orthopedic Procedures: Total Knee Arthroplasty (Primary and Revision) Unicompartmental Knee Arthroplasty Minimally Invasive Orthopedic Procedures
Pediatric Catheter Shunt Placement General Catheter Shunt Placement ENT Procedures:	Total Hip Replacement (Primary and Revision) Tumor Resection and Bone/Joint Reconstruction Femoral Revision Placement of Iliosacral Screws
Transphenoidal Procedures Intranasal Procedures Orbital Nerve Decompression Procedures Optic Nerve Decompression Procedures	Stabilization and Repair of Pelvic Fractures (Including but not Limited to Acetabular Fractures)
Polyposis Procedures Endoscopic Dacryocystorhinostomy Encephalocele Procedures	nies, Ethmoidectomies, Sphenoidotomies/Sphenoid al Sinusotomies
(PLEASE DO NOT WRITE BELOW THIS L NEEDED)	NE-CONTINUE ON ANOTHER PAGE IF
Concurrence of CDRH, Office Of Device Evaluation (ODE)	
Prescription Use OR (Per 21 CFR 801.109)	Over-The-Counter Use A Millers
(Optional Format 1-2) (Division n-Off) Division eneral, Restorative and Neuron (cal Devices)	

510(k) Number KO 3 (